## L19000 048 465

(Requestor's Name)					
(Ad	(Address)				
(Address)					
(Cit	ty/State/Zip/Phone				
PICK-UP	WAIT	MAIL			
	rsiness Entity Nan				
(Bu	isiness Enuty ivar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
Special instructions to	rining Officer.				

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	PA-30, LLC				
SUBJ	Name of Limited Liability Company				
Dear S	iir or Madam:				
The er	aclosed Registered Agent/Registered Offi	ce Change and fo	ee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the fo	llowing:		
Patsy	/ M Albert				
	Name of Person		-		
	Firm/Company		-		
2102	5 Lake Vienna Drive		_		
	Address	-			
Land	O' Lakes, FL 34638				
	City/State and Zip Code				
•	ert1@att.net		_		
I	E-mail address: (to be used for future ann	ual report notific	ation)		
For fu	rther information concerning this matter.	please call:			
Patsy	M Albert	951 at (	265-6884		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amount:				
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company:	PA-30	), LLC
2. (a)		(b) _	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	10858 Barbados Isle Drive	1	0858 Barbados Isle Drive
	Tampa, FL 33647		ampa, FL 33647
	2/19/19		L19000048465
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Patsy M Albert		
5. (a)	Registered Agent and Registered Office shown on the record	s of the Florida De	pt, of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	10858 Barbados Isle Drive		
	Tampa	. FL_33647	
(b)	Enter name of NEW Registered Agent and/or NEW Regist		
	The hame of NEW Registered Agent and/or NEW Register	erea Omice addre	
			——————————————————————————————————————
	NEW Registered Office Address:		<u> </u>
	21025 Lake Vienna Drive		
	Land O' Lakes	. FL 34638	
the cha agent v was/w the art	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ero authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the register ed liability comp ers of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in polity company.  Patsy M Albert
•	iture of a member or authorized representative of a member		Printed or typed name of signee
provis. the ob- to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	lete performani	ce of my duties, and I am familiar with and accept